

FEE TRANSMITTAL
For FY 2005

JUN 02 2006

Complete if Known	
Application Number	10/046,131
Filing Date	October 21, 2001
First Named Inventor	Galanes
Examiner Name	2654
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit Martin Lerner
TOTAL AMOUNT OF PAYMENT	(\$1810.00) Attorney Docket Number M61.12-0393

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (Please Identify): _____

Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
20	- 20 or HP = 0	x 50 = 0
HP = highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
3	- 3 or HP = 0	x 200 = 0
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x 250	250	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of time fee
RCE

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,188	Telephone: 612-334-3222
Name (Print/Type)	Steven M. Koehler	Date:	S7/30/01	